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PATENT
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GROUP 1700

Date: July 22, 2003

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Appl. No. 09/823,813
Revised Amdt. Dated July 22, 2003
Amdt. Dated May 28, 2003
Reply to Office action of February 28, 2003

Amendments to the Claims are reflected in the listing of claims, which begins on page 3 of this paper.

Remarks/Arguments begin on page 8 of this paper.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

R. Treur

Application No: 09/823,813

Filed: March 30, 2001

For: ANGULAR SPIN, RINSE, AND DRY MODULE
AND METHODS FOR MAKING AND
IMPLEMENTING THE SAME



Attorney Docket No: LAM2P247

Examiner: F.L. Stinson

Group Art Unit: 1746

Date: July 22, 2003

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 22, 2003.

Signed:
Courtney F. Yadegar

Mail Stop: Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Revised Amendment in the above-identified application.

The fee has been calculated as shown below.

| | Claims Remaining After Amendment | Highest Previously Paid For | Present Extra | SMALL ENTITY RATE FEE | OR | LARGE ENTITY RATE FEE |
|--|---|-----------------------------------|------------------|--------------------------|----|--------------------------|
| TOTAL CLAIMS | 15 - | 15 | 00 | X09 = \$ | OR | X18 = \$ |
| INDEP CLAIMS | 06 - | 06 | 00 | X42 = \$ | OR | X84 = \$ |
| [] Multiple Dependent Claim Present and Fee Not Previously Paid | | | | \$140 | | \$280 |
| TOTAL | | | | \$ | | \$ |

- ☐ Applicant(s) hereby petition for a _____ month(s) extension of time to respond to the outstanding Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0805.
- ☐ Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-0805 (Order No. LAM2P247). A copy of this sheet is enclosed.

Respectfully submitted,
MARTINE & PENILLA, LLP

Fariba Yadegar-Bandari, Esq.
Registration No. 53,805

710 Lakeway Drive, Suite 170
Sunnyvale, CA 94085
Telephone: (408) 749-6900
Customer Number 25920